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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE 8/26							
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NAME OF COMMITTEE (In Full)										
MISSOURI NEW HAMPSHIRE VICTOR	TORY FUND									
Full Name (Last, First, Middle Initial) Thomas A. Caramanico				Date of	Re	ceipt				
Mailing Address 848 Buck Ln				м У м 0 5		2	D /		009	
City	State	Zip Code		Transac	a :tio	n ID:	SA11	AI.42	18	
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Other (specify) ▼		1000.00]							
Full Name (Last, First, Middle Initial) David L. Cohen	1			Date of	Ře	ceipt				
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City	State	Zip Code	─ .	Transac	a :tio	n ID: 🤄	SA11	AI.42	201	
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Full Name (Last, First, Middle Initial)				Date of	-	i-t				
William H. Ewing Mailing Address 510 E Mount Pleasa	nt Ave			0 6	_	Б	ο <i>'</i> 7		009	
City	State	Zip Code		Transac	:tio	n ID:	SA11	•	•	•
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Name of Employer Self	Occupation Attorney	1		armark	ked	throu	ıgh A	ctBlu	е	
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